


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF LEONARD C. JEFFERSON		COURT CASE NUMBER C.A. NO. 04-44 ERIE	
DEFENDANT WILLIAM WOLFE, ET AL.		TYPE OF PROCESS	
SERVE  AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN PATRICIA GAMBLE		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) SCI-ALBION 10745 RT. 18, ALBION, PA 16475-0002		
SEND NOTICE OF SERVICE (COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	
<div style="border: 1px solid black; padding: 5px;"> LEONARD C. JEFFERSON, CL-4135 10745 RT. 18 ALBION, PA 16475-0002 </div>		Number of parties to be served in this case	12
		Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

DEPARTMENT OF CORRECTIONS' SECURITY REGULATIONS PROHIBIT PLAINTIFF FROM OBTAINING Fold
D.O.C. EMPLOYEES' HOME ADDRESSES. **PATRICIA GAMBLE**
SCI-ALBION
10745 RT. 18
ALBION, PA 16475-0002

Signature of Attorney or other Originator requesting service on behalf of: Leonard C. Jefferson	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER NONE	DATE 08-16-05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)				Date of Service 10/07/05	Time am
				Signature of U.S. Marshal or Deputy [Signature]	
Service Fee [Signature]	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges [Signature]	Advance Deposits	Amount owed to U.S. Marshal or Amount of Refund

REMARKS: **mailed 8-24-05**

10/07/05 RETURNED TO COURT UNEXECUTED - NO RESPONSE TO WAIVER BY MAIL

